DOCUMENT RESUME

ED 074 257 VT 019 638

AUTHOR	Morgan, Margaret K., Ed.; Canfield, Albert A., Ed.
TITLE	Administrative Competencies in Education and the Allied Health Professions.
INSTITUTION	Florida Univ., Gainesville. Center for Allied Health Instructional Personnel.
SPONS AGENCY	Kellogg Foundation, Battle Creek, Mich.
PUB DATE	Dec 72
NOTE	54p.: Papers presented at conference sponsored by the Center for Allied Health Instructional Personnel (Gainesville, Fla., June 1-2, 1972)
EDRS PRICE	MF-$0.65 HC-$3.29
DESCRIPTORS	Administrative Personnel; *Administrator Qualifications; Administrator Responsibility; Conference Reports; *Educational Administration; Health Facilities; *Health Occupations Education; *Paramedical Occupations; *Performance Criteria; Schools of Education

ABSTRACT

A 2-day conference was designed by the staff of the University of Florida Center for Allied Health Instructional Personnel to identify competencies of department chairmen, clinical supervisors, deans of schools of allied health professions, administrators or coordinators of health agencies, and educational leaders in professional or governmental health agencies. Presentations during the conference dealt with expectations of department chairmen and administrators of educational and health care institutions, current developments in educational administration, and the role of field stations in the preparation of educational administrators. From these presentations, approximately 150 characteristics were identified as being desirable for middle management in the health related professions and in educational administration. These 150 characteristics were later screened for duplication, and the list was submitted for corroboration to panels of judges. Included in this report are texts of the presentations and lists of competencies for such administrator functions as group leader, resource developer, educator, communicator, health care supervisor, fiscal officer, and evaluator. A related publication delineating teacher competencies for the field of allied health is available as VT 019 639 in this issue. (SB)

FILMED FROM BEST AVAILABLE COPY

ED 074257

Administrative Competencies
In
Education And The Allied Health Professions

Edited by

Margaret K. Morgan
and
Albert A. Canfield

A Publication
of

THE CENTER FOR ALLIED HEALTH INSTRUCTIONAL PERSONNEL

Combining the Resources
of

The Institute of Higher Education
College of Education College of Health Related Professions

University of Florida
Gainesville, Florida 32601

Under a grant from the W. K. Kellogg Foundation

Gainesville, Florida
December, 1972

VT019637

ED 074257

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY

ADMINISTRATIVE COMPETENCIES

IN

EDUCATION AND THE ALLIED HEALTH PROFESSIONS

Edited by

Margaret K. Morgan

and

Albert A. Canfield

A Publication

of

The Center for Allied Health Instructional Personnel

A Program of the Institute of Higher Education
College of Education College of Health Related Professions

University of Florida
Gainesville, Florida

Under a Grant from the W. K. Kellogg Foundation

December, 1972

UNIVERSITY OF FLORIDA

Stephen O'Connell, President

The College of Education

Bert L. Sharp, Ph.D., Dean

The College of Health Related Professions

Howard K. Suzuki, Ph.D., Dean

The Institute for Higher Education

James L. Wattenbarger, Ph.D., Director

The Center for Allied Health Instructional Personnel

Margaret K. Morgan, Ph.D., Director

FOREWORD

This report reflects the work of many people. The competency approach to the identification of program goals in administration occurred more or less naturally from the competency approach recommended and adopted for the work in instruction, which is summarized in a separate document, Competencies for Allied Health Instructors, published by the Center for Allied Health Instructional Personnel (CAHIP).

The basic three-step philosophy adopted by the Center (working from competencies to objectives to instructional activities) was developed by Dr. Albert A. Canfield as a consequence of his previous work in the development of curricula. Dr. Jerry A. Johnson, then director of CAHIP, endorsed the idea and provided the impetus for the accumulation of information through the utilization of "specialists" or "experts" in the field of allied health and educational administration. Identification of speakers for the conference and of participants for the discussion of those competencies was largely the result of discussions by the CAHIP staff at that time -- Drs. Johnson, Canfield and David S. Lindberg -- concerning potential contributions which differing faculty members and administrators might make to such a conference.

In the conference, on which this publication is largely based, CAHIP staff members developed, independently, statements of competency based on their perceptions of the speeches presented. These competency statements, some 150 of them, were duplicated and distributed to the conferees following the presentations and served as the basic material for the discussions which followed.

The preliminary structure for organizing these competency statements which evolved at the conference was found to be unweildy and duplicative. Dr. Margaret K. Morgan, in association with Dr. Canfield, subsequently, re-organized, combined, and re-wrote the original list into the present structure.

While the sources of the many ideas presented here are quite diverse, the primary responsibility for the summary presented here is that of the editors.

INTRODUCTION

This monograph represents one attempt to meet three frequently expressed needs:

That health care delivery must be more efficient;

That education must be more accountable, and

That higher education must become more "management conscious".[1]

One thrust toward a solution to the three problems is the development of capable, productive administrators in education, in health care delivery, and in the burgeoning field which brings the two areas together: leadership in education for the health related professions.

One approach to preparation of these professionals is the identification of capabilities such leaders should have and the development of an educational program which enables them to acquire these capabilities.

Educators have devoted considerable attention recently to identification of competencies presumed desirable for instructors and clinicians. However, little has been done by colleges of Education, Business Administration or Health Related Professions to singling out competencies of the effective administrator, particularly the allied health administrator.

The staff of the Center for Allied Health Instructional Personnel (CAHIP) believes that educating a professional without a clear idea of what that professional should be able to do is at best awkward, at least inefficient, and at worst unethical. In the late spring of 1972, the CAHIP undertook to identify parameters within which an educational administrator

---

[1] A. C. Eurich, president, Academy for Educational Development, Inc., quoted in 1971 Annual Report, W. K. Kellogg Foundation, Battle Creek, Michigan, 1971, p. 9.

and the administrator of an allied health program should function.

The staff of CAHIP designed a conference to identify competencies of administrators in health delivery services and in educational institutions.

The administrators to be considered were department chairmen, clinical supervisors, deans of schools of allied health professions, administrators or coordinators of health agencies, and educational leaders in professional associations or governmental health agencies.

The conference took place at the University of Florida, Gainesville, June 1-2, 1972. From the papers which follow, approximately 150 characteristics -- mentioned specifically or implied -- were identified as being desirable for middle management in the health related professions and in educational administration.

The 150 were later screened for repetition and duplication and the list submitted for corroboration to panels of judges who are identified under Acknowledgements. Virtually all of the abilities identified by the earlier panel were considered by second and third groups to be significant.

The 150 items were condensed into the list which makes up the latter portion of this publication.

The exercise of identifying administrator capabilities was in itself valuable. It is the hope of those who suggested this list that others concerned with educational leadership will not accept this compilation as the final word, but rather will use it as a beginning in creating their own sets of leadership competencies on which to build their own leadership programs.

TABLE OF CONTENTS

Foreword iii

Introduction v

Table of Contents vii

A Dean's Expectations of Department Chairmen in an Educational Institution for Health Professionals
Howard K. Suzuki 1

A Hospital Administrator's Expectations of Department Heads in a Health Care Institution
Wayne Herhold 8

Faculty and Staff Expectations of Administration in Educational and Health Care Institutions
Carol Taylor 12

Current Developments in Educational Administration
Willis A. LaVire 16

Field Stations and the Preparation of Administrators
Michael Y. Nunnery. 26

Competencies for Administrators 35

The Administrator as Group Leader 36
The Administrator as Resource Developer 37
The Administrator as Communicator 38
The Administrator as Educator 39
The Administrator as Health Care Supervisor 40
The Administrator as Fiscal Officer 41
The Administrator as Evaluator. 42

Challenges for the Future 43

Acknowledgements 44

A Dean's Expectations of Department Chairmen in an Educational Institution for Health Professionals

Howard K. Suzuki, Ph.D., Dean,
College of Health Related Professions
University of Florida, Gainesville, Florida

As a dean of a college of health related professions, I have been asked to present my views on the roles, responsibilities and relationships between the dean and departmental chairmen in such a college.

I would like to preface my remarks by pointing out that the governance of allied health units will vary, dependent in part upon whether or not they are (a) units associated with university health centers, non-university affiliated medical centers or universities without health centers[1]; (b) full-fledged college units or a division within another health science college, such as medicine or nursing[1]; (c) units able to offer different combinations of certificates, associate, baccalaureate, and/or graduate degrees in a wide variety of programs.

With organizational difference, the fiscal responsibilities, variability in levels of program offerings, responsibilities, and relationships between the academic officers (deans, department heads, directors, etc.) may differ widely. For example, one unit may offer diverse programs on several levels of competency (certificates through baccalaureate) with relatively little academic relationship between the different programs, while another unit may emphasize baccalaureate and graduate programs which are essentially related; i.e., a unit may wish to specialize in programs concerned with rehabilitation or community health. The relationship of the chief administrative officer to the program directors would differ in the two types of units.

Role of the Dean

What is a dean? According to the University of Florida Policy Manual, the dean is the chief executive and administrative officer of a college who is "responsible to the president for the administration of the college and shall be the agent of the faculty for the execution of educational policy."

The execution of educational policy will differ somewhat between allied health colleges associated with university health centers and those which are not. In addition, the implementation of local educational policy will be dependent upon the size and complexity of the unit. Deans of allied health schools may be forced to exert inordinate amounts of time and energy seeking federal and private funding in order to develop and maintain the college, and may need to travel extensively to help the public attain a better awareness of the role of allied health personnel in the health delivery system. The consequence of such endeavors could weaken the dean's role in the "execution of educational policy."

Administrative styles will vary. One dean may wish to serve solely as the "outside man", leaving internal affairs of the college to the associate dean and/or department heads. Another may be benevolently dictatorial or even autocratic in internal policy matters. Another may have a democratic style, and yet another may operate in a weak and expedient manner.

Personally, I believe that if the dean must serve as an "outside person" for the college, this role should be balanced with management of the internal affairs. In order to have a gut level understanding of educational problems, the dean should be prepared to teach some courses each year. This allows him to better bridge the gap between consumer needs and professional needs on the outside and student and faculty problems and experiences on the inside.

Likewise, if the dean is associated with a university, he must interrelate the general goals and aspirations of the university as a whole with the goals of the college and departments. Thus, the dean serves as a liaison between central university officials and departmental heads. In a college of health related professions which is part of a university health center, the dean must also be cognizant of symbiotic relationships with the associated health care facilities.

I consider myself an aggressive administrator. I believe in delegating full responsibilities to individuals or groups with the expectation that they will carry out and complete assigned tasks promptly, accurately and with initiative. In other words, I am a strong believer in getting things accomplished. In using the words of a colleague, I am "results oriented."

To attain these results, I give a great deal of latitude and flexibility to those carrying out the tasks. The critical factor is the assurance that the task is being accomplished completely, accurately, neatly, orderly and concisely.

The chief administrator must set the pace for the faculty in reaching for imaginative goals and aspirations for the college. Some of the administrators and teachers I have most admired and respected were those who inspired me to accomplish things I thought were not possible.

The chief administrator needs to be decisive without being dictatorial. He should have the capacity to listen patiently to all sides of an issue and weigh the various viewpoints carefully before coming to a decision. Such decisions, however, should be tempered occasionally with purposeful indecisions, with the intent that with the passing of time an appropriate answer will be found. This is not to condone a namby-pamby attitude, but to prevent hasty, rash and wrong judgments.

Role of the Department Chairman

The University of Florida Policy Manual states that the fundamental unit of academic administrative organization in the college and university is the department. The department is composed of faculty members, one of whom serves as the departmental chairman.

The chairman occupies the dichotomous position of being both administrator and faculty member. As a part-time administrator the chairman is expected to work out such details as budgeting, long-range planning, faculty selection, promotion and retention, student admissions and counseling. As a part-time faculty member, the chairman is also expected to carry out teaching and scholarly research activities.

Faculty members in allied health units have additional responsibilities not necessarily essential to those affiliated with arts and sciences departments. For example, our faculty is expected to have competencies in the pragmatic and relevant areas of patient or client care. A faculty member with only esoteric, theoretical knowledge is of limited value in teaching students entering the harsh, pragmatic world of health delivery services.

The recency of the allied health units and their concomitant fundamental unit, the department, does not allow for a great deal of variability in the position of the departmental chairman. In other more established professional colleges, faculty members may rotate annually as chairman, and full professors may wield more influence on educational policies than the chairman. Furthermore, the purposes of the professional schools are more goal specific and, as a result, department heads may not be able to exercise as much latitude and authority in policy matters as might be true in other schools.

Universities are only beginning to recognize faculty members in allied health whose professions call for terminal degrees on the master's level.

Many universities still hesitate to promote to full professorship those who do not meet the usual criteria of doctoral level degrees with a certain minimum of published scholarly research activities. Thus, the influence of departmental chairmen among other university colleagues may vary due to lack of the doctorate and/or due to some chauvinistic prejudices against female departmental chairmen or faculty members.

Relationship Between Dean and Department Heads

The sine qua non in the relationship between the dean and department heads is a mutual understanding and agreement of the goals and aspirations of the college as a whole. Such goals, of course, must be related not only to local needs, but to state, national and international needs. Once the goals are spelled out, the administration and faculty must work together, or such objectives can never be attained.

A primary factor in reaching such goals is the maintenance of communication between administration and faculty. Department heads ordinarily have easy access to the dean, and this should be encouraged. The main mechanism by which faculty and staff receive information from the dean should be through monthly departmental head meetings and written memoranda. It is the responsibility of department heads to transmit the information to the faculty through formal departmental meetings or other expedient methods. Department heads should make available to all faculty members the minutes of meetings of department heads. The dean, in addition, needs to make himself available to see and talk with faculty and students, without pre-empting the authority of the department heads -- in other words, to maintain an open door policy.

The dean should be a strong individual working for the development of a cohesive and strong unit. But he must be careful not to pre-empt the

authority and responsibility of the department head. According to Corson[2], "The 'strong' dean will vigorously and tactfully press his departmental faculties to search extensively for the best of talent to fill vacancies on the faculty." He should also act as a catalyst to encourage the faculty to strive for excellence in their respective fields of education, service and research. He should encourage and abet the faculty to develop and improve curricula to meet the changing needs of society, to examine how changes in competencies of their professions could better fulfill the evolving health care delivery services, and to induce the faculty to enthusiastically involve themselves in basic and pragmatic research. While I do not fully accept the "publish or perish" concept, the faculty must be aware of the contributions they can make to their profession by publishing information they have gained, for example, concerning a teaching method or demonstration. Research then should not be construed to be limited to that of a fundamental laboratory or theoretical nature.

Because the department is the basic unit of a college, the strength or weakness of the educational program in a unit in a college of allied health professions revolves around the department head, since that individual has a great deal of authority in selection of faculty, teaching assignments, and curricular content, and serves as the formal intermediary between the faculty and the administration.

The department head is expected to promulgate the vested interests of the department. On the other hand, the dean is expected to have a broader conceptual viewpoint than the department head. He must assess the particular departmental request in reference to a bigger picture -- its positive or negative effects upon other programs in the college, university and other organizations.

The dean, then, must be more than a carte blanche approver or liaison

supporting departmental requests. He must tread the thin line between, on the one hand, usurping departmental prerogatives and inhibiting initiative and, on the other, maintaining administrative input that is in concert with the college and university goals.

Finally, the dean of a college of health related professions must be more aggressive and public relations minded than the dean of a more traditional and established college in order to communicate the unique needs of his college to the higher central administration and also to the public.

References

1. Report on the Committee on Institutional Organization of the Council on Baccalaureate and Higher Degree Programs to the Association of Schools of Allied Health Professions, November 4, 1971.

2. Corson, John J., "Governance of Colleges and Universities," New York: McGraw-Hill Book Company, 1960.

A Hospital Administrator's Expectations

of Department Heads in a Health Care Institution

Wayne Herhold

Director, Shands Teaching Hospital and Clinics

J. Hillis Miller Health Center

University of Florida

A situation arose yesterday which caused me to have second thoughts concerning my talk today. We had a four-hour meeting with the Department of Psychiatry over some problems in the operation of its inpatient unit. That department has a therapeutic environment for patient care; it is a "family" concept where patients and staff meld and become almost indistinguishable from each other. Decision making is almost totally a group process. In short, the departmental structure tends to be a very horizontal type of organization. On the other hand, organization of the hospital is generally a vertical structure. The two management extremes meet head on. For the first two hours we were talking of the absolutes. I was talking about the need for responsibility, the delegation of authority and holding somebody accountable. The Department of Psychiatry spoke to the need for group approval of all hospital policies which may impinge on the inpatient unit: a therapeutic process versus administrative structure.

I'm not certain that we ever found the middle ground. Worse yet, we probably never found the common denominators with which to communicate at that meeting.

It points up a problem that I think often exists between health professions and administrators, i.e., communicating the essence of what each is trying to accomplish in terms of end results. The department manager who is a professional tends to view the hospital administrator as someone to communicate with in either statistics or emotions. Let me give you an

example. The dietitian who communicates needs to administration only in terms of the number of meals served is conditioning the administrator to think of dietary service as primarily a production department. It will not be long before the administrator is thinking, "My gosh, why do I need a dietitian? What I need is a food service man." A logical conclusion, if you are primarily in the food production business.

Somehow we have to communicate the full essence of that department in terms of its contribution to patient care and in terms of end results.

Most administrators, when it gets to the professional and technical side of what is going on in an area, feel somewhat inadequate to make judgment on quality. They can spend some time in the area, they can become acquainted with it; but on an on-going basis, there ought to be some way in which the reporting mechanism gets at the patient care issue and not just to statistics.

The health care professional who assumes management responsibilities should have some understanding of organizational environment as part of his education. I believe that there are no universal characteristics or traits for the professional who becomes a successful manager. I think it is more a matching of traits with an environment. Good management is more a result of training, experience, and awareness of the unique characteristics of a setting of innate ability.

The other comment I would make on organization is that one of the major jobs of the head of a professional department is to provide balance to the multiple hierarchy encountered in hospitals. There is the functional side of the professional department which is responsible for administration, and a technical side which relates to professional practice. Ideally, both sides are meshed to the benefit of the patient. If there is frustration or confusion, it spills over into patient care. I would hope

that a department head can clearly relate these aspects of his job and learn to live with that kind of frustration that is inevitable in a multiple hierarchy.

I would also like to see department heads taught the skills that enable them to equate resources required with workloads. The health care field has hidden behind "quality of care" so long that little basic work has been done on objective measures. Permit me to give you an example. We know, through comparisons of admitting diagnoses, that the profile of illness at Shands is much higher than in most institutions. However, this becomes the final rationale for all personnel requests and the need seems to be insatiable. We really cannot come to grips with responsible decision making until we are able to define personnel needs in specific terms of levels of care.

Department heads should begin describing their jobs in terms of performance standards and the end results. What are they really going to accomplish in quantifiable terms? Those performance standards have to be measurable and in time frames. Administrators should be prepared to commit themselves to a course of action, then to hold themselves accountable for that commitment.

I would look for a department head to have basic knowledge of financial planning and control and to develop priorities. Too often, those of use in the health field cannot come to grips with priorities in our use of resources, so someone else sets the priorities for us. Identifying program priorities is the first step toward sound financial planning and control. A department head should have knowledge of the budget process, control of expense and the ability to make adjustments, when necessary, based upon program priorities. This implies planning and some broad attempts at cost/benefit analysis.

Department heads should also have some understanding of national trends and legislation, if they are to attempt to plan for the future. The recent Economic Stabilization Act is a case in point. Obviously, we have a responsibility within the hospital to orient people to trends, but educational process does little formally with health professionals. They know little of the real forces that are shaping health care delivery.

Department heads should be aware of what is going on locally in area-wide comprehensive health planning and of specific plans for regional health care.

For example, there is a trend toward joint services and mergers of hospitals. Hopefully, we will see more of large and rather complete professional departments serving several hospitals rather than splintering our resources. In addition, knowledge of local health manpower supply and demand is essential management information.

The health professional who is also a manager is taking on a demanding task. It is a pleasure to meet with a group that is giving full recognition to these demands. Certainly, neither the educational system nor hospitals have adequately prepared these individuals for their expanded roles.

FACULTY AND STAFF EXPECTATIONS OF ADMINISTRATION IN EDUCATIONAL AND HEALTH CARE INSTITUTIONS

by
Carol Taylor
Research Associate, Nursing and Associate Professor, Anthropology
University of Florida

One of the major problems, and I think it has already come out in this conference, is that in both hospitals and educational programs, different categories of specialists tend to exist in something like stainless steel tubes, never communicating with people in other specialties.

This means that there is a need on the part of faculty and staff for an understanding of what it is that other people are doing or trying to do, learning or trying to learn. And since this is a need, your department chairmen and your deans and directors have a responsibility for seeing to it that this sort of communication is created. Somehow or other these differently specialized people will have to get together and decide together what the patients need or what the students need and then think in terms of the resources available and how these are to be used to meet these needs.

Another problem that needs to be recognized by faculty and staff is the fact that those in health delivery systems are highly specialized people, which means they have tunnel vision. There are, for example, members of the Department of Surgery who feel that, come hell or high water, they must get all the machines and other equipment they need in order to do the best surgery. They are unable to see that there are other units which have their own particular needs. So one of the functions of deans and directors and department heads is to help their people see that there are limited resources, that there are other people trying to do things, needing money, needing budgets, needing space, needing staff. In a situation such as a hospital, or a college teaching health

related professionals, there is a tremendous amount of overlap or duplication -- because of the tunnel vision which produces what might be called the stainless steel tube syndrome.

Administrators need to be knowledgeable about what is going on here and what is happening there. This puts responsibility on the faculty and staff, and particularly on department chairmen, to keep the head administrator and his assistants informed, not only, as was pointed out concerning dietary, the number of meals served, but of other things that are being accomplished in that department and how all those things tie into the whole. Then the top administrator can somehow interpret to staff and faculty the total system itself.

It was also brought out earlier that the top administrator and his assistants have a responsibility for understanding the broadest aspects of the university and its teaching hospital and of the social system in which it operates. And so I see the role of the administrator becoming less and less that of an autocratic bureaucrat and more and more that of a coordinator, a facilitator, an interpreter.

There is another party to be considered, and that is the consumer. Our society is changing dramatically in this respect. Ten or fifteen years ago, the consumer did not tend to question the system that gave him service. A few eccentrics might do so, might dwell on the fact that most librarians seem bent on making it difficult to get books out of the library; that for one entering the hospital the system seems to be making the process as tedious and lengthy as possible; that one is not told whether there is a bed waiting; that the registrar's office and his system seem to be designed not to make it as easy to register but as difficult as possible. Within recent years consumers, and this is particularly true of students and those who are demanding health services, are saying, "We are not satisfied with the kind of services we are getting; we want something better."

Administrators need the ability to sit down with their faculty and staff and say, "Look, this is the kind of world we are living in today. Let's look at these demands."

Let's work out techniques for getting consumer input. This is the kind of world we are living in; let's look ahead. It is changing very rapidly, so that the administrator is going to have to be somebody extremely flexible, somebody with a great deal of imagination.

How can we get consumer input? You can go directly to the consumer. You can also organize groups of people at various levels in the community with differing backgrounds, get them started to thinking about this and to collecting data for you. In a university setting students can be used.

We have found a sort of artificial way of getting consumer-type input. This quarter I am teaching a course in medical anthropology and I have students from a number of different disciplines, some of whom are in health related fields but most of whom are in the social sciences. In addition to the other projects they are doing, the students conceived the notion of plugging themselves briefly into the living, breathing hospital just down the hall. We talked to the Administrator about this idea to be arranged for student plug-ins. One of the plug-ins occurred when one of the students was referred from the student infirmary. It was arranged to look kosher to the staff of the teaching hospital. The student went through some tests, was admitted, spent the night, and was discharged in the morning. He kept a record of everything that happened. Yesterday he turned that report in to the hospital director and changes will be made in hospital routine as a consequence. We had one student who was plugged in to the OB floor, but during the past two weeks, she got a serious kidney infection. She was sent to the hospital for some diagnosis and treatment and has had a first-hand experience which she has brought back to the group. Her experiences were reported to hospital administration as consumer in-puts. I think we could use students for this purpose. All colleges

and departments are trying to train students, and if we also train them to make their observations and feed these back into the system we have a valuable resource.

Another problem found in many hospitals today and in many colleges, is a phenomenon which I call the constipated middle syndrome. Hospitals and colleges tend to recruit top management from outside the institution and to promote middle management from within the system. The consequence is top administrators die on the vine and are replaced by dynamic persons with innovative ideas. But, by the Peter principle, the middle management group tends to be traditional and very resistent to change. These individuals have gone as high as they are going to go, and in some cases higher than they should have gone. On the other hand, the younger, newer people, coming into the system at low levels in it are also dynamic, also wanting change and very innovative. Therein lies the problem. According to the rules of the game it is difficult for the people at the bottom of a bureaucracy to get into communication with the people at its top. When the constipated middle syndrome has been identified it is essential for the health of the system that ways be found to by-pass middle management and establish communication between top administration and the new blood of the system.

CURRENT DEVELOPMENTS IN EDUCATIONAL ADMINISTRATION

by

Willis A. LaVire
Associate Professor
Educational Administration,
University of Florida

My assignment today focuses on leadership in education, but what I have to say has direct bearing on administrative leadership in any area of human endeavor. This relationship exists, I believe, because the majority of tasks that any administrator must deal with are people-oriented. The quality of leadership is thus the most vital factor in the determination of the degree of success an administrator will achieve. Leadership is exerted only in relation to people -- without others around us there will be no meaningful leadership and no realization of goals.

We all know that vertical movement upwards in administration requires competencies of the administrator which relate more and more to dealing with people-centered tasks and less and less to things-centered tasks. For many administrators it is a baffling and frustrating experience to move into an area wherein the demands on his competencies are changing rapidly. Understanding the conditions and structures necessary for the release of potential in those around us, including considerations such as conflict resolution, morale, the method of consensus, interpersonal relationships, operational climates, communications, psychological commitment, and predicting where the human effort will be at some future point, is quite different than exercising one's expertness in performing an operation or computing various stresses when planning a bridge. I believe that the administrator who is not equipped to cope with people-related tasks cannot exercise much meaningful leadership and will enjoy at the most only a

limited success as an administrator.

We know several things about the job of the administrator. Whether in public administration, educational administration, health administration, or industrial administration, the leader shares with all other administrators the need for a core of competencies which are well over fifty percent common to all these roles. We know that there are many subtle as well as direct influences being exerted on the administrator to perform the leadership role in a particular manner. We know that whether we are concerned with education, health, the armed services, or industry, the public ultimately is the source of funding, and we know that the public will rightfully determine the values which will be given preference. We know that the professional administrator has a vital role in the decision process. We know that today there is a significant conflict in leadership theory. This last observation, the conflict in leadership theory, is where the action is and it is centered on the decision-making process. It concerns people and various roles they have in the decision process.

In planning a program for the preparation of administrators, we should perhaps begin by analyzing the nature of the job to be performed. The next step is to determine the competencies required for successful performance of the job. After that it is necessary to devise a program of preparation which will develop the required competencies. When analyzing the job we must determine whether reference is to the "what is" job or to the "should be" job.

When looking at either job, it soon becomes apparent that two distinct sets of competencies are required for successful performance of the job. One set has to do with competencies needed to deal with technical or things-related tasks. The other has to do with competencies needed to deal with

people-centered tasks. A large part of this second set of required competencies revolves around the decision process -- in particular, the legitimate roles of individuals in the decision process.

Once we selected administrators for our schools without formal preparation in educational administration. We improved performance with the introduction of formal programs of preparation for school administrators. These earlier programs, and most of them today, dealt with the preparation of administrators technically prepared to perform the things-related tasks. Very little was, and still is, done to prepare school administrators to perform successfully those tasks generated by the interaction of man and man -- people-centered tasks. It is through this area of program development that our greatest advances in the performance of educational administrators will be made.

A brief look at what is happening in our society will demonstrate the point. We observe conflicts in leadership theory and practice in the church, in education, in government, in industry, in our police forces, in the health services -- in fact, in every area of endeavor! Why are these conflicts happening now? Why not 25 or 50 years ago?

In my opinion, two developments account for most of the conflict in leadership theory we are observing today. The first is the rising level of enlightenment which has been the result of universal, compulsory education during this century. The educational capital has risen tremendously and with it the general level of enlightenment. As citizens become more enlightened, they are less and less prone to accept passively a decision structure which does not allow adequately for their voices in the decisions which vitally affect them. The monocratic - bureaucratic model, referred to at times as the "line and staff" model, does not -- and in my opinion cannot -- accomodate such a demand. The second factor which would

tend to explain the current conflict in leadership theory has to do with the increasing concern for individual rights. Every society, to survive, must determine to what heights individual rights can rise before the general welfare is seriously threatened. In a fascist state we know that the height to which individual rights can rise is quite limited and very early is viewed as a threat to the state. In a democracy, individual rights can rise to higher levels before they are viewed as a threat to the general welfare. In our democracy, certain basic statements, such as the First and Thirteenth Amendments, are intended to protect the rights of the individual. On the other hand, Section 8, Article 1, the General Welfare Clause, is intended to protect the general welfare of the society. The height to which individual rights can rise and still not threaten the general welfare in a free society has yet to be determined. I do believe that our society is the first advanced nation which has reached a level of confidence wherein this height can be explored. At times the height rises too high and anarchy results -- at other times the height does not rise high enough and individual rights are damaged. This exploration produces many sparks and confrontations and we know that there are many champions in our midst supporting more of one and less of the other.

I suppose that these two developments are part of a larger consideration: namely, how do we narrow the gap which exists between the statement of democratic ideals and the prevailing practice?

The implications of these developments for educational administration are tremendous. The leadership challenge perhaps can be best illustrated by using a decision process model. Visualize, if you will, a straight line divided into three parts. These three parts constitute the entire decision process. The first part is titled policy formulation; the second is called policy implementation; and the third is policy evaluation.

The choice of a leadership brand by the administrator at the top of the power echlon will determine the roles in the decision process of all members of the organization. The choice of leadership philosophy will depend largely on three considerations: (1) What has been the administrator's experience and training? That which we understand and are comfortable with is the brand we most often select. (2) What brand of leadership is expected in a given situation? The demands of the job will sometimes force us to select another brand. And (3) where does the most promising source of potential exist for improving the organization? Is it located in the person at the top of the administrative hierarchy? Or is it located throughout the organization -- in all of the professionals around us?

With respect to the first consideration, the traditional training and experience of most school administrators has been and is along monocratic-bureaucratic lines. The second consideration, the brand of leadership expected in a given situation, also has been in favor of the monocratic-bureaucratic model, but this is changing rapidly. I have been observing that the demand for autocratic leadership is declining while, on the whole, democratic leadership is more in demand. The source of potential for improvement, the third consideration, is experiencing dramatic change. The quest for a voice in the decisions which vitally affect us as a matter of individual right, but stressed by research and our logic, is forcing the dramatic change in the decision process. Research tells us that as the decision base is broadened in policy formulation, there will be a corresponding rise in the quality of the decision. There is much to be gained from diverse inputs if one understands how to structure the organization to permit this diversity and to deal with the resultant conflicts in a manner which facilitates the reaching of agreements. Research also informs us

that in policy implementation the much-sought ingredient of psychological commitment given of free volition comes only when those doing the implementing have had a meaningful voice in the formulation of the policy.

In terms of locating the source of potential for improvement of the organization, an example will serve to illustrate the logic involved. Suppose I were named president of a new junior college with a hundred faculty members. In selecting my brand of leadership, I have essentially two choices with respect to the best source of potential for improvement of the college. I can assume that as a skilled administrator I am more knowledgeable than anyone else in the college about how one goes about achieving improvement -- and I may be right. Consider the alternate choice available to me -- there are 100 faculty members around me, each of whom has at least five years of high level professional preparation (at the university level) and each of whom, on the conservative side, has another 5 years of high level professional experience. Here I have a total of 500 years of high level professional experience -- a total of 1000 years of professional preparation and experience of the highest order.

Should the first choice prevail, I will select the traditional monocratic-bureaucratic model for decision making. However, should I believe that the greatest source of wisdom is somehow located in the 1000 years of high level professional preparation and experience, then two models will be necessary: One for utilizing the potential for internal policy formulation and policy evaluation, and another for policy implementation.

As the junior college president, were I to select the first alternative as having the greatest potential for guidance, the leadership brand would be called traditional or authoritarian leadership. Should I select the second alternative as the proper source of wisdom for improvement of the institution, the brand of leadership would be known as the emerging or democratic

theory of leadership. In truth, I would select both brands -- one for internal policy formulation and the other for policy implementation.

We will now examine the traditional and emerging theories of leadership with respect to (1) the decision-structure model referred to earlier (policy formulation, policy implementation, and policy evaluation) and (2) the assumptions underlying each theory of leadership. The discussion will conclude with a capsule of the conclusions relative to the research in leadership.

The essential difference between traditional and democratic theories lies precisely in the decision-making process. The decision-making process is essential to both theories simply because decisions must be made. The difference lies in how they are made and who makes them. For purpose of discussion, a twofold classification of decisions will be used. The decisions of any educational institution can be classified as policy decisions or as executive or implementing decisions. Policy decisions can be both external and internal to the institution.

In traditional theory, policy formulation, policy execution, and policy evaluation are dependent upon the status leader at the top of the power echlon. He may delegate decisions to those lower in the administrative hierarchy, but veto power serves to vest control in the status leader in the top position. Since the person at the top makes the policy decisions, the organizational structure beneath him serves the sole function of implementing the policy decision. The traditional line and staff organization serves this theory well. Since decisions of evaluation are the function of the person who made the policy decisions there is nothing much found wanting in the line and staff organizational structure.

The traditional theory rests upon certain assumptions: (1) that

leadership is the prerogative of status; (2) that good human relations are necessary in order that the followers accept decisions of status leaders; (3) that all responsibility rests with administrators holding positions in the power echlon; (4) that final responsibility for all matters is placed in the administrator at the top of the power echlon; (5) that authority and power can be delegated but that responsibility cannot be delegated; (6) that if a person is responsible for a program or activity he should have the power and authority to make all decisions; (7) that the individual finds security in a protected climate in which status leaders protect the interests of all persons in the organization; (8) that evaluation is the prerogative of status leaders; (9) that unity of purpose is secured through loyalty to status leaders; and (10) that maximum production is attained in a climate of competition and pressure.

If one accepts these assumptions, it is quite logical to conclude that the administrator at the top of the echlon should either make all decisions or have veto power over decisions made by all other persons in the organization.

The democratic, or emerging, theory of leadership is based on assumptions more nearly in accord with the emerging expectations referred to earlier. These assumptions are: (1) that leadership is not confined to those holding status positions in the power echlon; (2) that responsibility as well as power and authority can be shared; (3) that everyone affected by a program or policy should share in decision making with respect to that policy; (4) that the line and staff organization is exclusively for the purpose of dividing labor and implementing policies and programs developed by the total group affected; (5) that the individual finds security in a dynamic climate in which he shares responsibility for decision making; (6) that evaluation is a group responsibility; (7) that good human relations are

essential to group production and the meeting of the needs of individual members of the group; (8) that unity of purpose is secured through consensus and group loyalty; and (9) that maximum production is attained in a threat-free climate.

It can be seen that although traditional theory is perfectly satisfied by a line and staff organization which determines and also executes policy, the requirements of emerging theory are not met. Something else is needed because the line and staff organization does not provide for equality in decision making on goals, programs, and policies. The emerging theory really calls for two types of organization within the same institution -- one for determining goals, policies, and programs (policy decisions) and the other for implementing policies and programs (executive decisions). Emerging theory accepts the line and staff solely for the purpose of implementing policies and programs developed by the total group concerned.

Democratic theory does <u>not</u> embrace any of the following assumptions:

1. That all decisions must be shared. (Many decisions, implementing ones, are individual.)

2. That the official leader never tells anyone he must do anything. (He is responsible for enforcing policy.)

3. That official leadership never takes a stand. (He has as much responsibility for stating his position as anyone else.)

4. That the amount of time available should not affect the decision-making procedure. (Emergency decisions may limit discussion and degree of consensus.)

5. That the official leader should not go ahead and make a decision if the group refuses to participate. (Extend the opportunity and continue to do so but do not stop action because no one wants to participate.)

6. That insisting that group members work out agreements for good of group is undemocratic. (The leader has the responsibility for preserving the life of the group and must fight to do so.)

7. That authority is not to be used. (For service of the group, not for individual self-enhancement.)

Since 1900 more than 500 pieces of research into the nature of leadership have been conducted in education, the armed services, labor, industry, and government. Until 1935 the research was largely an attempt to discover the traits possessed by a person who was a leader. Efforts in this direction proved to be unproductive in that no traits emerged which served to differentiate the leader from the follower. As a result, after 1935, researchers moved into a situational approach, an attempt to describe the type of leadership which emerges in various situations.

The conclusions based on research since 1900 are as follows:

1. Leadership is a group role. A person does not exert leadership except as he participates in a group.

2. Other things being equal, the amount of leadership is dependent upon the frequency of interaction.

3. Leadership may be exerted without possessing any type of official status. In fact, official status may interfere with the individual exerting leadership within a group.

4. Leadership is more complex and diffuse than has been assumed. A group does not have one leader. Many individuals within the group exert leadership for other group members.

5. The leadership that a group uses is determined by the norms of the group. If an individual violates the critical norms of a group, his participation will not be used as leadership by the group. Group members select for leaders individuals they believe will perceive and maintain the group norms.

6. Leadership and followership are interchangeable. The characteristics that make a person a good leader also make him a good follower, and vice versa.

7. Leadership shifts from situation to situation. A group uses the members within it who can help solve the problem confronting the group. Official leadership releases the full power of a group as it makes possible group members using the special abilities that are needed by the group at a given moment.

FIELD STATIONS AND THE PREPARATION OF ADMINISTRATORS

by

Michael Y. Nunnery, Professor
Educational Administration,
University of Florida

I assume the reason for having this subject on the program is that there might be some ideas in the field station concept which could be utilized in the training of administrators for allied health programs. I would like to address myself briefly to three questions and then try to deal with any questions that you may have. The three questions are: What is it? How does it work? What is the payoff?

The field station is the field experience component within a doctoral program of the Department of Educational Administration, University of Florida. It is designed for people who are primarily interested in careers in K-12 educational administration.

When we looked at the Department of Educational Administration and the University, we saw them as a social system, with its own mores, traditions, and organizational climate. As we looked at a local school district we saw another social system with its own norms and mores. Often the norms and mores of these two systems are different. Thus, it is frequently difficult to link these two social systems to the benefit of both. We tried to link, on the one hand, the field and, on the other, the university for the benefit of both.

We projected three kinds of purposes for the field station experience:

(1) It is a means by which theory and practice can be linked for students, professors, and practitioners. (We saw basically three

classes of actors involved.)

(2) It is a means by which an integrating experience for doctoral students can be provided.

(3) It is a means by which we can identify more effective ways for the department and the field to provide mutually beneficial services.

We identified six kinds of options to accomplish these broad purposes:

(1) Problem solution: that is, the engagement of university students and staff with practitioners in seeking solutions to pressing problems within the local school district.

(2) Administrative decision making: that is, the engagement of university personnel, including students and staff, in day-to-day decision making within the local school district, and the assumption of responsibility for decisions made.

(3) An opportunity for the student in administration to do empirical research: that is, the designing and conducting of studies by university personnel which would generate new knowledge in the field of general administration.

(4) An analysis of practice in light of theory: that is, the engagement of university personnel in understanding reality and analyzing it in terms of certain conceptual formulations.

(5) The use of theory to design in-service experiences for practitioners in which the university personnel and local school district personnel would be involved.

(6) Re-education of the university staff and subsequent redesign of the training programs. (I hesitate to mention this because it is heresy).

Identification of the options was based on work by an external advisory committee, representing a wide array of talent. Experience has shown that five of the options are viable and the sixth is not. The administrative decision-making option is not applicable for this kind of field experience in that it is just not feasible for "outsiders" to be responsible for decisions made. To some degree the other options are viable.

You might like some background on how the field station experiences are organized and operated. We have had one year of planning experience and three years of operating experience. We have actually set up and operated six field stations on three different sites. We have sent to each of these sites a group of five or six doctoral students at a time. To date, approximately 40 students have gone through this particular type of experience. We will operated two field stations this fall. Stations have been operated in Dade County, Florida (three times), Duval County, Florida (twice), and in Atlanta (once). We have gone deliberately to urban settings because of the systems' complexity and thrust of our preparation program.

In terms of control, we don't function under a formal contract. The program is operated primarily on faith generated between the university and the local school district. We have a university coordinator and an on-site coordinator. As to management, there is no single head of a station. The two coordinators reach agreements on problems and crises as they arise. In our situation, using this dual leadership has worked out rather well. However, if you use this dual leadership approach, you have to establish a high level of rapport with local school district personnel. It is important that the on-site coordinator assume primary responsibility

for the daily activities, that he be a person with wide contacts, high visibility, and high status in the local school district. For example, our three on-site coordinators have been an assistant superintendent of instruction, an area superintendent, and an assistant to the superintendent, so we have had highly visible people. This is most important because these persons can open doors that others cannot. If we are to provide the kind of experience we feel necessary for the student on the site, it is essential that all doors be open.

We send students into the local school districts for 13-week periods. They go in the middle of September and stay until just before Christmas. They are there full time and function essentially as employees of the local school districts. The experience begins with an orientation session in the late summer. Those in the local school districts have been kind enough to set up such sessions with the top staff -- the superintendent, associate superintendents, and others -- to provide an introduction to the school district, its customs, its eccentricities, its scope of operation, and the like. (Thus, the student is expected to have some understanding of the district before he actually goes to the site). Following the orientation session is the negotiation of the individual experiences for each student. This experience depends on what the student wants to learn while he is in the field station situation. When the students arrive in mid-September, they are ready to go. This eliminates five or six days of lost motion and time.

What the students do can be divided into individual activities and group activities. The individual activities can be roughly grouped into problem solution, study of the administration, and analysis of practice. (This brings us back to the six options mentioned earlier.) In problem solution, individual students work with individual staff members in

attempting to assess given situations and suggest solutions. In the study of administration, individual students conduct studies of particular interest to the local school districts. The concept of the extended school year might be an example. We had a student on site in Atlanta. Atlanta had implemented an extended school year plan at the secondary level, and was planning for an extended school year in the elementary schools. One of our students took the assignment and eventually used the plan developed for a doctoral dissertation. As for the analysis of practice -- we have talked about this more in terms of "shadowing activities" -- we have found that the students have been privy to almost everything that goes on in a local school district: the superintendent's cabinet meeting, board meetings, executive committee meetings, and the like. Thus, they have an opportunity to examine what the top leadership is doing and how this activity relates to theory.

The group activities students engage in fit into two categories. One is an analysis of practice, meaning simply that we hold weekly seminars conducted by the on-site coordinator and the university representative. These have been used to explore certain facets of the school district's operation from the perspective of individual administrators within the school district, to give some analysis of the practice that exists, and to explore the school district's operation as perceived by outsiders, including adversaries. It makes a great deal of difference who is analyzing a school district. It might be from the point of view of the head of a powerful teachers' local whose perception of the practice of a local district may differ considerably from that of a member of the district's management team. So we have tried to help students look at these different perspectives in their weekly seminars. Also, we have tried to analyze practice in light of theory, using certain behavioral science approaches to

such areas as decision making and leadership. Admittedly, we have had limited success in this.

The second type of group activity could be called a group study of administration. I might mention that each of the six field station, seems to have had a different kind of character, because each has different kinds of people with different interests, and different things are going on in the respective school districts when the students are there. Thus, the group study has varied. We had built in the idea of a major group-type of study of administration to get people working as a team; to help them see a need for team work in the study of administration. We made an attempt to do this the first year in Atlanta in an analysis of the division of instruction. I believe it came off fairly well. We had a fairly successful experience this past fall in which we sent a team of seven into the field to do a careful analysis of a rapidly changing neighborhood. This was a neighborhood that two years ago was 30% black and 70% white. Now it is 70% black and 30% white. The 10,000 kids there range from extremely wealthy blacks and whites to very poor blacks and whites. Things are changing every day, the problems are many and complex, and the school people there would settle for the ability to keep the school open today and not have a riot close it down. We went in with a team of black and white students, did a careful study, and developed a data base which was used as a basis for in-service activities in that area. In sum, we have found that there are some opportunities for group study of administration.

Finally, what is the pay-off? Based primarily on perceptions of local district practitioners, feedback from students who were there, our own observations, and the perceptions of outsiders, three types of payoffs can be identified.

The first payoff relates to the merits of the field station in comparison to other approaches. One must consider the kinds of options available if one believes in the need for some kind of field experience in the preparation program. What are the options? There is the traditional option which in our field is called the internship. One individual goes into the school district to work with a practicing administrator, much like the old apprentice guild concept. We see the field station experience as far superior to the internship. There are three reasons for this. First, sending a group of students, heavily reinforced by university staff and consultants, gives a level of visibility the intern never gets. One thing that we have observed in large urban school districts where we have worked and where other universities have had interns is that nobody knows the interns are there. Everyone knows our people are there -- the board of education, the superintendent, the whole community. These are highly visible people. This visibility provides us with strength in terms of entry. The second advantage I see over the traditional internship is reinforcement. An intern who goes out there and gets kicked around two or three times begins to feel pretty low as a human being. Our people, by and large, live together in a rented apartment or something like that. Thus, they get a lot of reinforcement from each other in the after hours contact. The third kind of value I see in this over the traditional internship is what I call group learning, for want of a better word. I think these people learn a lot from each other. When you get six bright, able people in six different units on individual assignments based in a large urban school district, you find one picks up a little information and another picks up a little other information, and they get back to their apartment and start analyzing all of this. As a result of this sharing and analysis, the students find that they know what is going on in the school district better than any single administrator in the district. The on-site

coordinators understand this and play a game in trying to quiz the field station participants because the students put the whole package together. The on-site coordinator doesn't know what is really going on overall; he only sees his piece of it. These guys see all of it. So I think a fantastic amount of group learning occurs which helps each participant to see the big picture of the operation of large social systems, an experience which cannot occur in the individual internship.

The second payoff I would point to relates to the purposes, rather specifically. I think, as the students have pointed out, it is an excellent integrating experience. They have had the opportunity of integrating a number of things. I feel very plus on it. I think that for most students, it has provided an adequate theory-practice linkage. We take the position in our department that our primary thrust in our on-campus instruction is the conceptual level as opposed to the prescriptive level. For the most part our students can take the conceptual material and see the application in practice but this is not true for all. We have had some problems on this. For example, we have built into our program a mandatory seminar on ethics and the person who teaches it is an ethicist. He teaches from a highly theoretical framework. We have had several students who see no application of what this man has presented and what they find in the real world. Some people just can't make the transfer. But by and large, this aspect has been relatively successful.

The last payoff is in relation to the third purpose. To a degree, we have found a way for the LEA, (local education agency) and the university to work with each other through a system that is mutually beneficial. I think as a result of the field station there has been a spin off of activities that would not have occurred otherwise. The best illustration is in a district where, as a result of contacts and rapport established through the

field station experience, we are now offering a cooperatively designed entry level training program with some 60 people presently involved with 30 more to come. I believe we could not have accomplished this otherwise. We are also involved in a massive in-service program for leadership teams in the community where our students did the group study I mentioned previously. These might be considered spinoffs of the field stations, which says that perhaps we have been able to find different and improved ways of working with each other.

Competencies For Administrators
In
The Allied Health Professions And Education

The literature of personnel and industrial psychology often describes the supervisor as a person with multiple roles. These roles -- variously seen as numbering two to a dozen -- encompass several activities, relationships and abilities. Similarly, the speakers who presented position papers on administrator competencies at the CAHIP conference and the panels which reacted at the meeting and later also saw the administrator in his varying roles, such as a group leader, a developer of human and organizational resources, a communicator, an educator, a fiscal officer, an evaluator and, in some instances, a health care supervisor or a community health leader.

Using these roles as parts of an administrative "role set," the competencies derived from the presentations were combined and refined to relate to these seven specific roles, and the competencies, thus organized, can serve as a basis for examining the different characteristics and abilities required for effective administration in this complex assignment, and can provide general guidance for examining the general objectives of administrator education.

The specific competencies derived are listed on the following pages.

THE ADMINISTRATOR AS GROUP LEADER

will be able to

1. Formulate long range plans and objectives for the achievement of organizational goals, and adopt a style of leadership that will aid in the accomplishment of those goals.
2. Understand the nature and purpose of organizational policy and have the skills needed to involve the organization in its development, implementation and evaluation.
3. Identify the relative importance of decisions considering the pace of events affecting the organization, and make decisions based on inputs from primary sources.
4. Recognize such constraints as traditionalism, resistance, conflict, limited resources and "middle management constipation", and utilize effective problem solving procedures to minimize those constraints in achieving constructive action.
5. Apply democratic ideals in the conduct of the organization's operation through recognition of the basic dignity, worth, and contribution of others with whom he works -- below, parallel to, and above -- in the organization.
6. Provide an operating environment which permits lateral or horizontal mobility, while maintaining a reward system so highly skilled technicians and talented teachers feel the inherent worth of their non-administrative assignments.
7. Establish and maintain acceptable and efficient delegations of authority and clearly differentiated levels of responsibility while assuming individual accountability for results obtained.

THE ADMINISTRATOR AS RESOURCE DEVELOPER

will be able to

1. Achieve the objectives of the organization by maintaining a continuously capable staff through valid selection, preparation, compensation and reward systems.
2. Recognize and utilize the special skills and leadership talents of other personnel within the organization.
3. Equate work assignments with the amount and level of personnel needed to carry out the work load.
4. Integrate and consolidate the needs of individuals and departments to achieve the most significant goals for the organization.
5. Explain the program to other community agencies, relating programs to other services and agencies which serve the same area.
6. Utilize lay and professional advisory committees in the establishment of objectives and the evaluation of achievement.
7. Identify government resources, needs, thrusts and constraints as they affect organizational programs and research.
8. Identify and prepare approaches to agencies for the procurement of supplemental grants and related support funds.

THE ADMINISTRATOR AS COMMUNICATOR

will be able to

1. Maintain a receptivity and accessability to others in the organization.
2. Utilize group techniques, minutes of meetings, memoranda, and other media, to communicate effectively with faculty, students, peers, and superiors concerning organizational goals, objectives, needs,problems, and solutions.
3. Provide information within the organization and to the public concerning existing and emerging conditions in the health care field at local, state and national levels.
4. Organize presentations, written and spoken, which effectively convey the ideas, feelings, and needs of his organization and its personnel.
5. Prepare articles, monographs, or newsletters which conform to the requirements of appropriate "style manuals".
6. Conduct conferences or meetings utilizing techniques to assure involvement of participants, information sharing, problem-solving, and decision-making techniques.
7. Have familiarity with the basic technical language of the fields or disciplines represented by persons for whom organizational responsibility is held.
8. Utilize basic illustrative techniques and materials (graphs, transparencies, slides, etc.) to emphasize or dramatize presentations.

THE ADMINISTRATOR AS EDUCATOR

will be able to

1. Achieve the acceptance of peers as a teacher in a discipline, while releasing identification with that specialty in order to develop the talents of others over whom leadership has been accepted.
2. Provide leadership to the faculty in establishing realistic goals for growth, improvement and achievement, and assist in motivating and rewarding them in the achievement of those goals.
3. Judge the effectiveness of his program and encourage and facilitate the thoughtful development and revision of the curriculum.
4. Judge the potential of an applicant to perform as a student and to become an effective professional, taking into consideration his affective, cognitive and psychomotor talents.
5. Describe the needs of potential employers of his graduates and judge the relative potential of those graduates in the professional environment.
6. Evaluate the effectiveness of his program.
7. Encourage the conduct and publication of research relating to teaching, treatment, or the discipline itself.
8. Maintain current proficiency and continued growth and development of the field and of the individual faculty member.

THE ADMINISTRATOR AS HEALTH CARE SUPERVISOR

will be able to

1. Differentiate between quantitative and qualitative factors in patient care, and communicate this difference to his subordinates, peers and superiors.
2. Utilize patient reports in the development of an evaluation system through which patient needs are related to the kind of services possible and levels of personnel available.
3. Measure change which occurs in a patient as a result of treatment.
4. Recognize the essence of professional behavior and responsibility as they relate to patient care and communicate it to other hospital personnel.
5. Recognize and operate within the multiple hierarchies (functional, technical, and social which exist within the health care field and health care educational enterprise).
6. Observe all pertinent legislation pertaining to the proper functioning of his unit, including protecting the patient's rights to privacy.

THE ADMINISTRATOR AS FISCAL OFFICER

will be able to

1. Understand the budget system.
2. Know cost/benefit effectiveness and how to implement that knowledge for efficient departmental operations.
3. Represent and explain organizational needs for and the utilization of funds and assets to the staff and to higher administration.
4. Relate program objectives to financial considerations and relate costs to comparative anticipated service.
5. Reduce duplication and overlap in services, personnel, and activities.

THE ADMINISTRATOR AS EVALUATOR

will be able to

1. Evaluate the effectiveness of the staff, monitoring and supervising work to assure the achievement of assigned tasks.
2. Develop an evaluation system which focuses on performance and output as well as input, and in which jobs are described in terms of performance standards.
3. Devise a means of using consumer responses -- questions, suggestions, and interpretations -- to facilitate the continued improvement of the educational program.
4. Utilize objective evaluation of organizational effectiveness to measure end results and plan future events.
5. Utilize evaluation information to improve the system.

CHALLENGES FOR THE FUTURE

Some of the competencies identified here are innate characteristics of the individual; others can be learned in the educational institution or on the job. Some come through an acquisition of content and a knowledge of process, others through a development of perception and judgment. Yet others are a natural or an acquired ability to relate to people.

How does one move from identification of administrative competencies to qualification as an effective administrator?

Several means are possible, but one model is being developed at the University of Florida in identifying and projecting competencies of allied health instructors.[1] Staff and students of the Center for Allied Health Instructional Personnel will expand a list of teacher competencies into detailed instructional objectives, emphasizing specification of performance capabilities. Approximately 50 sample instructional modules will be prepared which will develop specific abilities subsidiary to the competencies. The modules will be distributed for validation.

A logical next step is the conversion of the competencies, through the instructional units, into a curricular framework compatible with other offerings at an institution of higher education which chooses to prepare administrators for education, particularly for administrators of allied health educational programs.

---

[1] A. A. Canfield, ed., Competencies for Allied Health Instructors, Center for Allied Health Instructional Personnel, University of Florida, Gainesville, FL, 1972.

ACKNOWLEDGEMENTS

The conference which produced the composite of administrator competencies identified in this monograph was arranged by the Center for Allied Health Instructional Personnel, an organization which brings together the resources of the Institute for Higher Education, the College of Education and the College of Health Related Professions of the University of Florida under sponsorship of the W. K. Kellogg Foundation.

The conference was planned by those who made up the staff of the Center for Allied Health Instructional Personnel (CAHIP) at that time:

Dr. Jerry A. Johnson, CAHIP director and professor, College of Health Related Professions[1]
Dr. Albert A. Canfield, professor, College of Education
Dr. David S. Lindberg, assistant professor, College of Health Related Professions[2]

The following persons presented papers at the conference:

Mr. Wayne Herhold, director, Shands Teaching Hospital and Clinics, University of Florida
Dr. Willis A. LaVire, associate professor of educational administration, College of Education, University of Florida
Dr. Michael Y. Nunnery, professor of educational administration, College of Education, University of Florida
Dr. Howard K. Suzuki, dean, College of Health Related Professions, University of Florida
Mrs. Carol Taylor, associate in nursing, College of Nursing, University of Florida

Other conference participants included

Dr. Harmon Fowler, chairman, Trade and Industrial Education, University of Georgia
Dr. Alice Jantzen, chairman, Department of Occupational Therapy, College of Health Related Professions, University of Florida

---

[1]Now director of Graduate Studies, in Allied Health Sciences, Boston University

[2]Now assistant professor, Department of Medical Technology, College of Health Related Professions, University of Florida

Dr. Ralph Kimbrough, chairman, Department of Educational Administration, College of Education, University of Florida
Miss Marianne Maynard, development consultant, Division of Mental Hygiene, Madison, Wisconsin
Dr. Margaret K. Morgan, assistant director, Center for Learning Resources for Allied Health, University of Kentucky[1]

Mr. Frank Pilecki, dean, Laboure Junior College, Boston, Massachusetts
Miss Barbara C. White, chairman, Department of Physical Therapy, College of Health Related Professions, University of Florida
Miss Ruth Williams, chairman, Department of Medical Technology, College of Health Related Professions, University of Florida
Dr. John C. Wong, associate dean, College of Health Related Professions, Wichita State University[2]

Following the Gainesville conference several other persons functioning as administrators in health related programs were asked to react to the composite of competencies. This group included

Dr. John E. Dalton, director, Clinics and Auxiliary Program, College of Dentistry, University of Florida
Dr. J. Richard Gilliland, director, Health Related Professions, Santa Fe Junior College, Gainesville, Florida
Dr. Paul W. Graham, dean, Academic Affairs, Palm Beach Junior College, Palm Beach, Florida
Miss Bobbie Holtzman, R.T., program director, Department of Radiologic Technology, University of Kentucky
Mr. Edmund Hoy, Educational coordinator, Department of Respiratory Therapy, University of Kentucky
Mr. Michael Schwartz, associate director, Shands Teaching Hospital and Clinics, University of Florida
Dr. Paul Shelton, chairman, Committee on Auxiliary Education, Florida State Dental Association

Kellogg Fellows enrolled at the University of Florida in leadership programs for the health related professions served as a final reactor panel for the competencies:

Mrs. JoAnn Ahlstrom
Mrs. Robin Brown Fellers
Miss Elizabeth Danella
Mr. William Gould
Mr. James Hill
Mrs. Emed Martin
Mr. William Mellan
Miss Barbara Nash
Mrs. Gloria Perez
Mrs. Karen Tyrer
Mr. Ronald Tyrer
Mrs. Lucille Wilson

[1]Now director, Center for Allied Health Instructional Personnel, University of Florida
[2]Now administrator, Sanoma Health Services and Educational Activities Program, Santa Rosa, California

And finally, the editors express their indebtedness to members of the CAHIP staff

Mrs. Ardel Gill
Miss Charlotte Lott
Miss Claudette Pridgen
Mrs. Brenda Strickland
Mrs. Carla Tucker
Mr. Ron Tyrer

without whose assistance this monograph would not have been published.